

Case Number:	CM13-0064599		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2003
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 07/30/2003. The mechanism of injury was not provided. Current diagnoses include right shoulder impingement syndrome and cervical spine radiculopathy. The injured worker was evaluated on 10/01/2013. The injured worker reported persistent cervical spine pain. Physical examination revealed tenderness to palpation with normal alignment and a single healed incision. Current medications include Norco, Ambien, and Norflex. Treatment recommendations included physical therapy for the cervical spine and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no

frequency or total duration of treatment listed in the current request. Therefore, the request is not medically necessary.

VICODIN 5/500MG:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

AMBIEN 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), 11th Edition, Web, Pain, 2013, Regarding Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

GABAPENTIN 600MG (QUANTITY NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state antiepileptic drugs are recommended for neuropathic pain. There is no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.